

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	10/536,569-Conf. #2178
		Filing Date	May 2, 2006
		First Named Inventor	Ulrich Wiesner
		Examiner Name	C. M. Gross
		Art Unit	1639
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	1258_3378
TOTAL AMOUNT OF PAYMENT		(\$)	960.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>50-0289</u> Deposit Account Name <u>Mariama Muldoon Blasiak & Sullivan LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195
Total Claims							Fee (\$)
- 20 or HP = _____ x _____ = _____							Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							_____
Indep. Claims							Fee (\$)
- 3 or HP = _____ x _____ = _____							Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.							_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof				Fee (\$)	Fees Paid (\$)
- 100 = _____		/50 = _____		(round up to a whole number) x _____		= _____	_____
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							555.00
Other (e.g., late filing surcharge): 2553 Extension for response within third month							405.00
2801 Request for continued examination (RCE) (see 37 ...)							_____

SUBMITTED BY			
Signature	/Anne M. Schneiderman 43,095/	Registration No. (Attorney/Agent)	43,095
		Telephone	(315) 425-9000
Name (Print/Type)	Anne M. Schneiderman	Date	December 23, 2010

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: December 23, 2010	Electronic Signature for Barbara A. Saltsman: /Barbara A. Saltsman/